

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>DM</i>	<i>32</i>	<i>2/6</i>
<b>FORMALITY REVIEW</b>	<i>fa</i>	<i>720</i>	<i>02-22-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>HA</i>	<i>858</i>	<i>8/20/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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15	
16	
17	✓
18	N
19	N
20	N
21	N
22	N
23	N
24	N
25	N
26	N
27	N
28	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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